



# St. Catherine's Elementary School

20244 32 Avenue, Langley BC V2Z 2E1

Tel: 604-534-6564; Fax: 604-534-4871

[www.stcatherines.ca](http://www.stcatherines.ca)

## APPLICATION YEAR \_\_\_\_\_

APPLYING FOR GRADE: \_\_\_\_\_

### STUDENT INFORMATION:

Legal Last Name \_\_\_\_\_  
Legal First Name \_\_\_\_\_  
Usual Last name \_\_\_\_\_  
Preferred First name \_\_\_\_\_  
Middle Name \_\_\_\_\_  
Gender (M/F) \_\_\_\_\_  
Birth Date (DD/MM/YYYY) \_\_\_\_\_ Age \_\_\_\_\_  
Home Phone (ten digits) \_\_\_\_\_

Baptized (please check one): Yes \_\_\_\_\_ No \_\_\_\_\_  
Other Sacraments Received \_\_\_\_\_  
Religion \_\_\_\_\_  
Parish: \_\_\_\_\_  
**STUDENT CITIZENSHIP / MISCELLANEOUS:**  
Country of Birth \_\_\_\_\_ Citizen of \_\_\_\_\_  
Canadian Citizen \_\_\_\_\_ Permanent Resident \_\_\_\_\_  
Work Permit \_\_\_\_\_ Study Permit \_\_\_\_\_ Refugee \_\_\_\_\_  
Language at home \_\_\_\_\_

### STUDENT ADDRESS:

Street# & Name \_\_\_\_\_ Unit# \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Personal Health Number (PHN) \_\_\_\_\_  
Medical Concerns, Allergies, etc. \_\_\_\_\_ EpiPen Required? \_\_\_\_\_  
Doctor: Name \_\_\_\_\_ Doctor's Phone Number (ten digits) \_\_\_\_\_  
Previous School: Name \_\_\_\_\_ Address \_\_\_\_\_

### PARENT / GUARDIAN INFORMATION:

Student lives with (check applicable): Both parents: \_\_\_\_\_  
Mother only: \_\_\_\_\_ Father only: \_\_\_\_\_ Shared custody: \_\_\_\_\_  
**(Please provide copy of custodial agreement, if applicable, with the registration package)**  
Guardian: \_\_\_\_\_ **(Please provide copy of guardianship document with the registration package)**

1. Relationship \_\_\_\_\_  
Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Living with Student \_\_\_\_\_ (Y/N)  
Religion \_\_\_\_\_ Occupation \_\_\_\_\_  
Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_  
**Address (if not living with student)**  
Street# & Name \_\_\_\_\_ Unit# \_\_\_\_\_  
City \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Home Phone (ten digits) \_\_\_\_\_ Unlisted \_\_\_\_\_ (Y/N)  
Cell (ten digits) \_\_\_\_\_  
Email Address \_\_\_\_\_

2. Relationship \_\_\_\_\_  
Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Living with Student \_\_\_\_\_ (Y/N)  
Religion \_\_\_\_\_ Occupation \_\_\_\_\_  
Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_  
**Address (if not living with student)**  
Street# & Name \_\_\_\_\_ Unit# \_\_\_\_\_  
City \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Home Phone (ten digits) \_\_\_\_\_ Unlisted \_\_\_\_\_ (Y/N)  
Cell (ten digits) \_\_\_\_\_  
Email Address \_\_\_\_\_

### EMERGENCY CONTACTS:

1. Relationship \_\_\_\_\_  
Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Phone Number (ten digits) \_\_\_\_\_

2. Relationship \_\_\_\_\_  
Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Phone Number (ten digits) \_\_\_\_\_

I consent to having St. Catherine's School collect personal information that may include student information, birth certificate and legal guardianship. This information is required in order to apply for admission to the school and will be used to assist the school in making an informed decision as to your child's placement in the school. For more questions and more information, the principal of St. Catherine's School may be reached at 604-534-6564.

\_\_\_\_\_  
Parent / Guardian Name

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

I certify that the information on this form is correct.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE \_\_\_\_\_

**Please also complete the information on reverse and provide the requested documents that are listed there.**

